



E1378
JACC March 27, 2012
Volume 59, Issue 13



Chronic CAD/Stable Ischemic Heart Disease

IMPACT OF INTERVENTIONAL VERSUS CONSERVATIVE APPROACH ON 5-YEAR-MORTALITY OF PATIENTS WITH STABLE ANGINA AND DOCUMENTED CORONARY ARTERY DISEASE IN CLINICAL PRACTICE: RESULTS OF THE STAR-REGISTRY

ACC Oral Contributions

McCormick Place North, N227b

Saturday, March 24, 2012, 9:15 a.m.-9:30 a.m.

Session Title: Sex, Scoring, Sadness, Statins, Stents and Surgery

Abstract Category: 2. Chronic CAD/Stable Ischemic Heart Disease: Clinical

Presentation Number: 910-8

Authors: [Anselm K. Gitt](#), Uwe Zeymer, Andrea Papp, Ralf Zahn, Jochen Senges, STAR-Study-Group, Herzzentrum Ludwigshafen, Ludwigshafen, Germany, Institut f. Herzinfarktforschung Ludwigshafen an der Universitaet Heidelberg, Ludwigshafen, Germany

Background: Approximately 1.6-3.2 Mio patients in Germany suffer from stable angina (AP). Little is known about the impact of interventional versus conservative treatment on long-term outcome of patients with stable coronary artery disease (CAD) in clinical practice.

Methods: Between 2001 and 2003, a total of 2,002 consecutive patients with AP and 1st angiographic diagnosis of CAD were enrolled in the STAR-Registry (50 centres). We examined the impact of an initially interventional versus conservative treatment on 5-year-mortality in clinical practice.

Results: At the time of first angiographic diagnosis of CAD in patients with stable AP, 926 patients (46.3 %) were initially treated with PCI. These patients were younger, less often had prior MI, diabetes and multi-vessel disease and LV-EF<40% as compared to conservatively treated patients. They were more likely to undergo repeated subsequent PCI during the 5-year follow-up (50.4% vs 18.2%), less likely to be referred to CABG (11.2% vs 53.9%), and had a lower 5-year-mortality (17.0% vs 20.6%, univariate analysis). After correction for differences in baseline characteristics and treatment using propensity score analysis, no difference was found in 5-year mortality between primary interventional and conservative treatment of CAD.

Conclusion: After 5-year follow-up no differences could be observed between patients with initial interventional versus conservative treatment for stable CAD in clinical practice.

	Interventional n=926 (46.3%)	Conservative n=1,076 (53.7%)	p-value
Age [years]	65	68	<0.001
Female Gender	31.1 %	29.9 %	=0.31
Prior MI	5.9 %	10.3 %	<0.01
Prior Stroke	4.1 %	5.1 %	=0.28
Peripheral artery disease	7.7 %	11.7 %	<0.01
Diabetes	22.3 %	30.0 %	<0.01
3-Vessel Disease	12.4 %	37.5 %	<0.01
LV-EF < 40%	5.2 %	10.3 %	<0.01
PCI (within 5 years)	50.4 %	18.2 %	<0.01
CABG (within 5 years)	11.2 %	53.9 %	<0.01
5-Year-Mortality	17.0 %	20.6 %	<0.05
5-Y-Mortality: Interventional vs Conservative Treatment (Propensity Score Analysis)		OR 1.0	95% CI 0.77 - 1.31